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Profit	Amendment	NTS	<u> </u>		
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Fictitious Name	Foreign			<u> </u>	
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Trademark Other

> AUG - 2 1996 Examiner's Initials SN

ARTICLES OF INCORPORATION SO AUG -2 MILITARIAS SEE FINALE MONTH CONTROLLER CO The undersigned incorporator(s), for the purpose of forming a corporation under the  $U_A$ Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: s PLASTERING, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 12190 N.W. 98th Ave.

BAY #2

Miami, F1 33016

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares \$1.00 Par Value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Silvia I. Segura

12190 N.W. 98th Ave.

BAY #2

Miami, F1 33016

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-
llon is(are): Silvia I. Segura
12190 N.W. 98th Ave.
BAY #2
Miami, F1 33016 ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
Silvia I. Segura
12190 N.W. 98th Ave.
BAY #2
Miami, F1 33016
President
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
lstday ofaugust, 19
Signature Signature
Signature

Signature

## CERTIFICATE OF DESIGNATION DEGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: S PLASTERING, INC.

2. Th	e name and address of the registered agent and office	ls:		<b>—</b> '
	Silvia I. Segura		코는 용	
	(NAME)			
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	12190 N.W. 98th Ave.	BAY #2	en:	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)		illi: 33	1000
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	Miami, F1 33016		<u> </u>	
	(CITY/STATE/ZIP)		Dr.	
HIS C ND A ROVI	IG BEEN NAMED AS REGISTERED AGENT AND T ESS FOR THE ABOVE STATED CORPORATION AT TH CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AGREE TO ACT IN THIS CAPACITY. I FURTHER AGRE ISIONS OF ALL STATUTES RELATING TO THE PROP ANCE OF MY DUTIES, AND I AM FAMILIAR WITH AN OF MY POSITION AS REGISTERED AGENT.	IE PLACE T AS REG EE TO CC	EDESIGNATED SISTERED AGE OMPLY WITH T	NT HE
	SIGNATURE	Silvio	<u> Segura</u>	<u>-</u> ∹*
	DATE 8-	1-96		